



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: CENTRAL INDIANA AMG SPECIALTY HOSPITAL LLC

City of Hospital: Muncie

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Jessica Mcgee

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Medicare Provider Number: 152025

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$28768451
Outpatient Patient Service Revenue	\$0
<b>Total Gross Patient Service Revenue</b>	<b>\$28768451</b>

2. Deductions From Revenue

Contractual Allowance	\$16260068
Other Deductions	\$373281
<b>Total Deductions</b>	<b>\$16633349</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$12135102
Other Operating Revenue	\$2910
<b>Total Operating Revenue</b>	<b>\$12138012</b>

4. Operating Expenses

Salaries and Wages	\$5763249	Employee Benefits	\$202542
Depreciation and Amortization	\$374320	Interest Expense	\$24693
Bad Debt	\$68431	Other Expenses	\$5458298
<b>Total Operating Expenses</b>	<b>\$11891533</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$246478	Total Assets	\$4079835
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$5692633
<b>Total Net Gains</b>	<b>\$246478</b>		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$21334892	\$12059171	\$9275721
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$7433559	\$4200897	\$3232662
Total	\$28768451	\$16260068	\$12508383

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital

Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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